FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000091504 (8)

NATIONAL RETIREMENT PLAN SERVICES, INC.

Princ	olpa	l Place	of	Business	
9140	w	VENNEC	w	DIVID	

Mailing Address

FILED May 13 1997 8:00am Secretary of State



3140 W. KENNI TAMPA FL 338		3140 W. KENNEDY BLVD. TAMPA FL 33609-3075									
						3. Date Incorporated or Qualified 01/02/1995	3a. Date of Last Report 05/01/1996				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	1 00,0		Applied For		
21		26				59-3366969			Not Applicable		
22		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
Zip 24	25 29		Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes .			r s. 199.032,		
ļ. 	9, Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent							
	wes, John G		8	l Na	me						
) W. Kennedy Blvd. Pa Fl 33609	83		el Address (P.O. Box Number is Not Acceptable)							
			8	3							
			8	City	/		FL	85 Zi	p Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE	Signature, typed or printed name of registered ager	Steed tilla II anndraktin (NG	If a Floor stored A	oot elen	chura sondiand	d when reinstating)	DATE				
12.	OFFICERS AND		13.	Jen sign	ature required	ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12		
TITLE	D	DELETE	1.1 TITLE					Changi			
NAME	DREWES, JOHN G		1.2 NAME								
STREET ADDRESS	3140 W. KENNEDY BLVD.		1.3 STRE	T ADDRE	ss						
CITY-ST-ZIP	TAMPA FL 33609		1.4 CHY-	SI-ZIP							
TITLE	D.	☐ DELETE	21 TILLE					☐ Chang	e 🔀 Addition		
NAME	Fisher, Steven D.		2.2 NAME								
STREET ADDRESS	3140 W. KENNEDY BLVD.		2.3 STREE	1 ADDRE	ss						
CITY-ST-ZIP	TAMPA FL	The section of the se	2 4 CHTY	-S1 - ZIP				<u> </u>	3609		
TITLE		☐ DELETE	3 1 TITLE			•		<u>∟</u> Changi	e LLI Addition		
NAME			3 2 NAME								
STREET ADDRESS			. 39 STREE		SS						
CITY-ST-ZIP TITLE		DELETE	3.4. CHY 4.1 TITLE	-51-ZIP				Changi	e Addition		
NAME		<u> </u>	4 2 NAM					VIIII	- Lad (Market)		
STREET ADDRESS			4.3 STREE		ss						
CITY-ST-ZIP			4.4 CiTY-	ST-ZIP							
TITLE		☐ DEŁE1E	5.1 TITLE					Changi	e Addition		
NAME .	•		5.2 NAME								
STREET ADDRESS			5.3 STREE	i addre	ss						
CITY-ST-ZIP			5.4 CHY-	SI-ZIP							
TITLE		☐ DELETE	6.1 TITLE					Change	e Addition		
NAME			6.2 NAME								
STREET ADDRESS			63 STREE		ss						
CITY-ST-ZIP			6.4 CITY	ST-ZIP			 				

I do nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.